

10/521847

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO.		FILING DATE			
								APPLICANT(S)					
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51	/		/			
2							52						
3							53	/					
4							54						
5							55		/				
6							56						
7							57						
8							58						
9							59						
10							60						
11							61						
12	/		/				62						
13		/		/			63						
14	/						64						
15	/						65						
16			/				66						
17			/				67						
18	/						68						
19							69						
20							70						
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23							73						
24							74						
25							75						
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27							77						
28							78						
29							79						
30	/						80						
31							81						
32			/				82						
33	7						83						
34			/				84						
35			/				85						
36	/						86						
37			/				87						
38	/						88						
39			/				89						
40			/				90						
41	/						91						
42							92						
43							93						
44							94						
45							95						
46							96						
47	/						97						
48							98						
49							99						
50							100						
TOTAL IND.			3				TOTAL IND.						
TOTAL DEP.			24				TOTAL DEP.						
TOTAL CLAIMS			24				TOTAL CLAIMS						